

DSM Micro Notes



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Group B Streptococcus (GBS) Quick Fact Sheet

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Group B Streptococcus (GBS)



- Causes early-onset neonatal sepsis leading to significant morbidity and mortality
- Preventable infection in neonates if mother receives intrapartum antibiotics

GBS Screening*



- Recommended by both CDC and Society of Obstetricians and Gynecologists of Canada that screening should be offered to all women at 35 - 37 weeks of gestation
- Optimal specimen is a single swab used to sample the vagina AND rectum

Who should be given GBS prophylaxis at the time of labour or rupture of membranes (ROM)?

Known GBS Status:

Intrapartum GBS prophylaxis for women if:



- positive for GBS screen culture taken at 35 - 37 weeks
- have an infant previously infected with GBS
- documented GBS bacteriuria during present pregnancy

Unknown GBS status (use Risk Factor Approach):

Intrapartum GBS prophylaxis if any of the following risks is present:



- ROM > 18 hours
- pre-term delivery
- fever

***NOTE: If only a vaginal swab is taken, it will miss approximately 20% of women who are GBS positive.**

Table 1: Recommended intrapartum prophylaxis for GBS *

Clinical Scenario	Antibiotic Dose
No penicillin allergy	Penicillin G 5 million units IV, then 2.5 million units q4h
Penicillin allergic - No anaphylaxis risk	Cefazolin 2g IV q8h
Penicillin allergic - Anaphylaxis risk Indicate Penicillin allergy** on req	Clindamycin 900 mg IV q8h Or Erythromycin 500 mg IV q6h
Penicillin allergy with GBS resistant strain resistant to clindamycin and erythromycin	Vancomycin 1g IV q12h

If patient is Penicillin allergic, it is important to know antibiotic sensitivity of the isolate as GBS is commonly resistant to Clindamycin and Erythromycin (see Table 2)

***Note: The doses given in this table assume normal renal function. Consult with references for dose adjustment when renal failure is present.**

- Broader antibiotics necessary if chorioamnionitis suspected

****GBS detected in Penicillin allergic patients: lab will automatically perform susceptibility tests**

Table 2: Antibiotic susceptibility profile for GBS vag/rectal isolates from women in Winnipeg

	Penicillin	Erythromycin	Clindamycin	Vancomycin
Percent susceptibility	100%	70%	80%	100%

Adapted from: SOGC clinical practice guidelines: Money, D.M. et al (2004). The Prevention of Early-Onset Neonatal Group B Streptococcal Disease, JOGC 149:826:32.



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DSM Clinical Microbiology Discipline

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